

MICHIGAN DEPARTMENT OF STATE  
Licensing Section  
Lansing, Michigan 48918-1210  
(517) 373-9460; fax(517) 335-2810  
[www.Michigan.gov/sos](http://www.Michigan.gov/sos)

DEPARTMENT USE ONLY:

Approved: \_\_\_\_\_

By: \_\_\_\_\_

## VEHICLE DEALER LICENSE APPLICATION CHANGE OF NAME AND/OR CHANGE OF ADDRESS

### 1. INDICATE THE CHANGE YOU WISH TO MAKE:

- ☐ Change of business NAME (Complete Items 2, 3, and 9)
- ☐ Change of business ADDRESS (Complete all items except Item 3)
- ☐ Both changes (NAME and ADDRESS) (Complete entire form)

### 2. CURRENT BUSINESS NAME AND DEALER LICENSE NUMBER

\_\_\_\_\_  
Current Business Name

\_\_\_\_\_  
Dealer License Number

### 3. NEW BUSINESS NAME

Enter your new business name in blank below. Corporations and limited liability companies using assumed names must fill in the blank as follows: business name d/b/a assumed name.

Note: A corporation or limited liability company changing its business name must attach a copy of the amendment to the articles of incorporation or creation document. A corporation or limited liability company using an assumed name must attach a copy of the assumed name filing. In either case, contact the Michigan Department of Consumer and Industry Services, Corporations Division. Individual owners and partnerships must attach a copy of the county assumed name filing from the county clerk's office.

### 4. NEW BUSINESS ADDRESS AND TELEPHONE NUMBER

Note: Rural Route or Post Office box numbers alone are inadequate. The actual location must be identified.

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Area Code and Telephone Number

\_\_\_\_\_  
Area Code and Fax Number

\_\_\_\_\_  
E-mail Address

### 5. BRANCH DESIGNATION Complete only if you are changing your designated branch offices.

\_\_\_\_\_  
Branch Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Branch Number

\_\_\_\_\_  
Branch Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Branch Number

\_\_\_\_\_  
Branch Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Branch Number

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## 6. NEW BUSINESS LOCATION

Attach a sketch which accurately shows the street on which the business is located, cross streets, office and display area. If you will be sharing the location with another licensed dealer, contact the Licensing Section at (517) 373-9460 for additional requirements.

If you are moving from one county to another county, you must attach a bond rider for your surety bond. Individual owners and partnerships must also attach a copy of the new county assumed name filing from the county clerk's office.

Please indicate the greatest number of vehicles you will have for sale or storage on your lot at any given time: \_\_\_\_\_

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## 7. ZONING APPROVAL

Class E, F, and G dealers must obtain zoning approval from their local zoning authority. Contact the Licensing Section at (517) 373-9460 to obtain a zoning approval form.

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## 8. SERVICE FACILITIES (Class "A" and "B" Dealers Only)

The Michigan Vehicle Code requires class "A" and "B" dealers to have adequate servicing facilities. You satisfied this requirement for your original license either by being registered as a repair facility or by contracting with a registered repair facility.

If you intend to open a new repair facility at this location or will be entering into a new agreement with a registered repair facility, contact the Licensing Section at (517) 373-9460 for instructions.

Please check one of the following:

- ☐ The service agreement originally filed is still in effect.
  - ☐ I am registered as a repair facility and there will not be a change in its location.
  - ☐ I am moving my registered repair facility to a new location and have attached a written notice of this change.
  - ☐ I am applying for a repair facility registration for this location.
  - ☐ I am attaching a copy of a service agreement with a registered repair facility.
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## 9. STATEMENT - READ CAREFULLY BEFORE SIGNING.

I certify that the statements contained in this application are true and that I, as owner, partner, or an officer or director of the corporation, or member of a limited liability company, have authority to sign this application and to make the statements contained herein. I understand that any misleading, incomplete, or false statement shall be grounds for denial of this application or the suspension or revocation of my license.

I stipulate and agree that any legal process affecting this business served on the Secretary of State or his/her deputies shall have the same effect as if personally served on me and all other owners of this business, if any. I further agree that this appointment shall remain in force as long as any liability of this business remains outstanding within the State of Michigan.

I certify that the business named in Item 1 will maintain an established place of business. An established place of business means the place actually occupied either continuously or at regular periods where books and records are kept and a large share of business is transacted.

**I certify that this business is in compliance with all local ordinances, including zoning.**

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Signature

Printed Name

Title

Date

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